

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 10: 59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G80200 (0)

1. Corporation Name

TRI-COUNTY ENGINEERING AND LAND SURVEYING ASSOCIATION, INC.

Principal Place of Business

**10911 SE US HIGHWAY 441
P. O. BOX 2541
BELLEVUE FL 34420**

Mailing Address

**10911 SE US HIGHWAY 441
P. O. BOX 2541
BELLEVUE FL 34420**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/23/1984

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2479845

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, E. M.
10911 SE US HIGHWAY 441
BELLEVUE FL 34420**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP
NAME	WILSON, STEPHEN B.
STREET ADDRESS	P.O. BOX 2525 N/A
CITY - ST - ZIP	DUNNELLON FL
TITLE	SD
NAME	WILLIAMS, TERRY
STREET ADDRESS	106 PALATKA DR
CITY - ST - ZIP	DUNNELLON FL
TITLE	VD
NAME	WISHAM, RICHARD A.
STREET ADDRESS	13386 S.E. 36 AVE
CITY - ST - ZIP	BELLEVUE FL
TITLE	P
NAME	WILLIAMS, E.M.
STREET ADDRESS	8730 SW 190 Circle
CITY - ST - ZIP	Dunnellon, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

E.M. Williams, President

04/17/95

(904) 245-5319

Date

Telephone Number